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DALLAS, TX 7	/5201-2980							(De _j	positor's name)	
			1						(Signature)	
			L						(Date)	
APPLICATION NO.	CATION NO. FILING DATE		FIRST NAMED INVENT	OR	OR ATTO		RNEY DOCKET NO.	CONFIRMAT	CONFIRMATION NO.	
10/759,698 01/15/2004 Richard R. Rabbat 073338.0150 (03-52019 8438 TITLE OF INVENTION: TIME CONSTRAINED FAILURE RECOVERY IN COMMUNICATION NETWORKS FLA										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	Æ PE	REV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE	DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	07/06/		
EXAN	EXAMINER		CLASS-SUBCLASS	\neg	٦					
CHRISS, ANDREW W		2419	370-228000							
1. Change of correspond CFR 1.363). Change of corresponders form PTO/S. "Fee Address" ind PTO/SB/47; Rev 03-(Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been firecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Fujitsu Limited Kawasaki, Japan Please check the appropriate assignee category or categories (will not be printed on the patent):										
4a. The following fee(s) Issue Fee Publication Fee (N Advance Order -	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form).									
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NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United State	rired) will not be accepted	d from anyone other tha						ner party in	
Authorized Signature	Date 6/12/09									
Typed or printed name	_e Brian W. O	aks	Registration No. 44,981							
an application. Confiden submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 dapplication form to the ions for reducing this bur irginia 22313-1450. DO 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR Coersons are required to res	1.14. This collection is depending upon the ince Chief Information Off COMPLETED FORMS	estima dividua icer, U TO TI	ated to take 12 m al case. Any con J.S. Patent and T HIS ADDRESS.	ninutes I nments Tradema SEND	to complete, including on the amount of tim ark Office, U.S. Depar TO: Commissioner for	gathering, pre e you require t tment of Comr or Patents, P.O.	paring, and o complete perce P.O.	